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## \*BIBDATASHEET\*

CONFIRMATION NO. 2447

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/627,372	<b>FILING OR 371(c) DATE</b> 07/24/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 421842000400
<b>APPLICANTS</b> Harrihar A. Pershadsingh, Bakersfield, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/402,425 08/10/2002 and claims benefit of 60/455,211 03/15/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/05/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 17
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 25226				
<b>TITLE</b> NOVEL PPAR LIGANDS THAT DO NOT CAUSE FLUID RETENTION, EDEMA OR CONGESTIVE HEART FAILURE				
<b>FILING FEE RECEIVED</b> 1115	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	